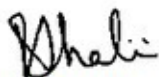


Patient Name : Mrs.P NALINI	Collected : 29/Mar/2024 08:18AM
Age/Gender : 42 Y 0 M 4 D/F	Received : 29/Mar/2024 01:53PM
UHID/MR No : CASR.0000186953	Reported : 29/Mar/2024 04:35PM
Visit ID : CASROPV223203	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4270	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.7	g/dL	12.5-15	Spectrophotometer
PCV	23.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	58.2	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	19.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,140	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.9	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	4.2	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3181.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1387.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	215.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	344.38	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.29		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	41	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC- MICROCYTIC HYPOCHROMIC.				
WBC WITHIN NORMAL LIMITS				



Dr. R. SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240086479

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad




Patient Name	: Mrs.P NALINI	Collected	: 29/Mar/2024 08:18AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

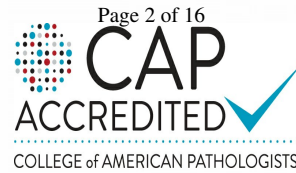
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



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Consultant Pathologist

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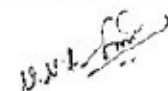


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Age/Gender	: 42 Y 0 M 4 D/F	Received	: 29/Mar/2024 01:53PM
UHID/MR No	: CASR.0000186953	Reported	: 29/Mar/2024 07:02PM
Visit ID	: CASROPV223203	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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CONSULTANT PATHOLOGY

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Patient Name : Mrs.P NALINI	Collected : 29/Mar/2024 08:18AM
Age/Gender : 42 Y 0 M 4 D/F	Received : 29/Mar/2024 01:56PM
UHID/MR No : CASR.0000186953	Reported : 29/Mar/2024 03:49PM
Visit ID : CASROPV223203	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4270	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

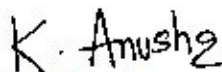
Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10



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SIN No:EDT240039985

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DEPARTMENT OF BIOCHEMISTRY

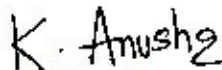
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Note: Dietary preparation or fasting is not required.

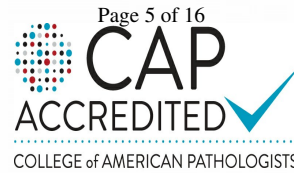
1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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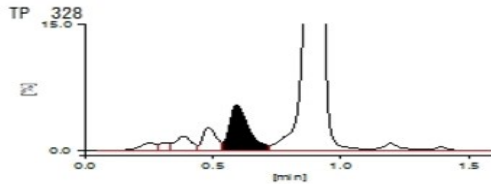
Chromatogram Report

V5.28 1 2024-03-29 15:10:23
 ID EDT240039985
 Sample No. 03290168 SL 0015 - 10
 Patient ID
 Name
 Comment

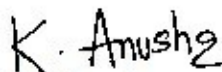
CALIB			
Name	%	Time	Area
A1A	0.6	0.26	9.95
A1B	0.4	0.31	7.08
F	1.1	0.38	18.70
LA1C+	1.5	0.48	25.58
SA1C	5.5	0.59	71.32
AO	93.1	0.89	1547.64
H-V0			
H-V1			
H-V2			

Total Area 1680.27

HbA1c 5.5 % **IFCC 37 mmol/mol**
 HbA1 6.6 % HbF 1.1 %




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SIN No:EDT240039985

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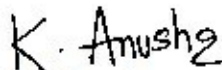
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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M.B.B.S.,M.D(Biochemistry)
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

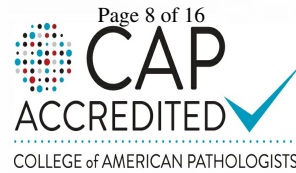
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
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 Consultant Biochemist



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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	3.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.59	g/dL	2.0-3.5	Calculated
A/G RATIO	0.96		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

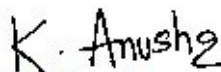
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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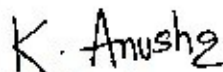
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	9.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.19	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	3.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.59	g/dL	2.0-3.5	Calculated
A/G RATIO	0.96		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC

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Visit ID : CASROPV223203	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.491	µIU/mL	0.38-5.33	CLIA

Comment:

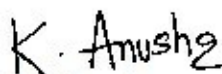
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr. K. Anusha
M.B.B.S., M.D.(Biochemistry)
Consultant Biochemist

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SIN No: SPL24058458

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mrs.P NALINI
Age/Gender : 42 Y 0 M 4 D/F
UHID/MR No : CASR.0000186953
Visit ID : CASROPV223203
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIES4270

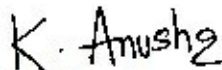
Collected : 29/Mar/2024 08:18AM
Received : 29/Mar/2024 02:14PM
Reported : 29/Mar/2024 04:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

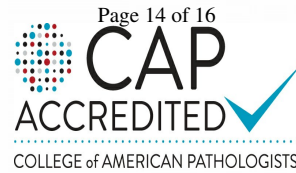
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr. K. Anusha
M.B.B.S., M.D.(Biochemistry)
Consultant Biochemist



SIN No: SPL24058458

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mrs.P NALINI	Collected : 29/Mar/2024 08:18AM
Age/Gender : 42 Y 0 M 4 D/F	Received : 29/Mar/2024 01:51PM
UHID/MR No : CASR.0000186953	Reported : 29/Mar/2024 04:17PM
Visit ID : CASROPV223203	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4270	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2319364

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



Patient Name	: Mrs.P NALINI	Collected	: 29/Mar/2024 06:09PM
Age/Gender	: 42 Y 0 M 5 D/F	Received	: 30/Mar/2024 11:02AM
UHID/MR No	: CASR.0000186953	Reported	: 02/Apr/2024 04:08PM
Visit ID	: CASROPV223203	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4270		

DEPARTMENT OF CYTOLOGY

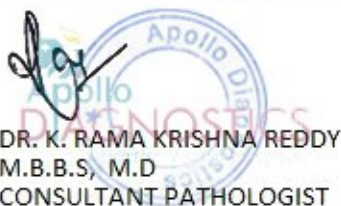
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	7967/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS078270

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name	: Mrs. P Nalini	Age	: 42 Y/F
UHID	: CASR.0000186953	OP Visit No	: CASROPV223203
Reported By:	: Dr. MRINAL .	Conducted Date	: 01-04-2024 07:24
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL SINUS RHYTHM.

POOR 'R' IN V1-V2.

TO CORRELATE CLINICALLY.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name	: Mrs. P Nalini	Age/Gender	: 42 Y/F
UHID/MR No.	: CASR.0000186953	OP Visit No	: CASROPV223203
Sample Collected on	:	Reported on	: 30-03-2024 13:52
LRN#	: RAD2285498	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIES4270		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen: Enlarged in size measuring **13cm** and shows normal echotexture.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 101x42mm

Left kidney : 106x44mm

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 67x61x72mm Bulky in size and shows well defined hypoechoic lesion measuring **27x41mm** noted in the posterior well fibroid.

Endometrial echo-complex appears normal and measures **8mm**.

Right ovary : 20x22mm

Left ovary : 23x24mm

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-Bulky Uterus

Intramural fibroid in the posterior Myometrium.


Grade 1 Fatty Liver.

Mild Splenomegaly

For clinical correlation and further evaluation if necessary

Patient Name : Mrs. P Nalini

Age/Gender : 42 Y/F



Dr. PRAVEEN BABU KAJA
Radiology



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
 భారత ప్రభుత్వం
 Unique Identification Authority of India
 Government of India

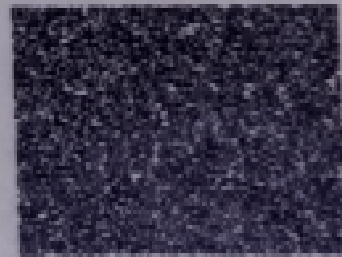
రజిస్ట్రేషన్/ Enrolment No.: 0623/15652/08713

Download Date: 04/12/2015

To
 పేజీ 060
 Pame Nalini
 C/O Pame Srinivas Reddy
 30-265/222
 Pragathi Nagar
 Dr A S Rao Nagar
 Secunderabad
 Ecil
 Hyderabad Telangana - 500062
 8520007785

Generation Date: 22/02/2015

Signature valid



Scan Code with Smartphone

మీ ఆధార్ సంఖ్య / Your Aadhaar No.

8667 0965 2151

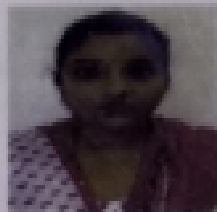
VID : 9197 5937 0477 2442

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



పేజీ 060
 Pame Nalini
 పుట్టిన తేదీ/DOB: 25/03/1982
 లింగం / GENDER: FEMALE

8667 0965 2151

VID : 9197 5937 0477 2442

నా ఆధార్, నా గుర్తింపు





Health Check up Booking Request(UBOIES4270), Beneficiary Code-171079

1 message

Mediwheel <wellness@mediwheel.in>
To: bunnyparne@gmail.com
Cc: customercare@mediwheel.in

Tue, 12 Mar, 2024 at 2:09 pm



Mediwheel
...Your wellness partner

011-41195959

Dear PARNE SRINIVAS REDDY,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

Appointment Date : 29-03-2024

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
PARNE SRINIVAS REDDY	48 year	Male
P Nalini	41 year	Female

Tests included in this Package

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 D/M	Received : 29/Mar/2024 01:52PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 04:35PM
Visit ID : CASROPV223202	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 760171	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.2	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,640	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.9	%	40-80	Electrical Impedence
LYMPHOCYTES	22.3	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5187.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1703.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	565.36	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.04		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Dr. R. SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240086377

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.P SRINIVAS REDDY
Age/Gender : 48 Y 2 M 12 D/M
UHID/MR No : CASR.0000135675
Visit ID : CASROPV223202
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 760171

Collected : 29/Mar/2024 07:57AM
Received : 29/Mar/2024 01:52PM
Reported : 29/Mar/2024 04:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

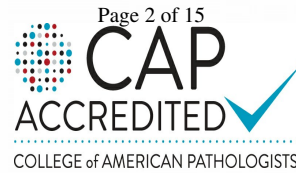
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240086377

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



Patient Name	: Mr.P SRINIVAS REDDY	Collected	: 29/Mar/2024 07:57AM
Age/Gender	: 48 Y 2 M 12 D/M	Received	: 29/Mar/2024 01:52PM
UHID/MR No	: CASR.0000135675	Reported	: 29/Mar/2024 05:40PM
Visit ID	: CASROPV223202	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 760171		

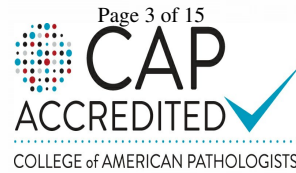
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240086377

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 DM	Received : 29/Mar/2024 01:56PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 03:49PM
Visit ID : CASROPV223202	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 760171	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	70-140	HEXOKINASE

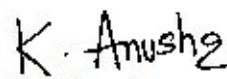
Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated


Dr. RAJESH BATTINA
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Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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SIN No:EDT240039918

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name	: Mr.P SRINIVAS REDDY	Collected	: 29/Mar/2024 07:57AM
Age/Gender	: 48 Y 2 M 12 D/M	Received	: 29/Mar/2024 01:56PM
UHID/MR No	: CASR.0000135675	Reported	: 29/Mar/2024 03:49PM
Visit ID	: CASROPV223202	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 760171		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

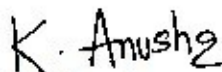
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr. K. Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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SIN No:EDT240039918

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name	: Mr.P SRINIVAS REDDY	Collected	: 29/Mar/2024 07:57AM
Age/Gender	: 48 Y 2 M 12 DM	Received	: 29/Mar/2024 01:56PM
UHID/MR No	: CASR.0000135675	Reported	: 29/Mar/2024 03:49PM
Visit ID	: CASROPV223202	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 760171		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

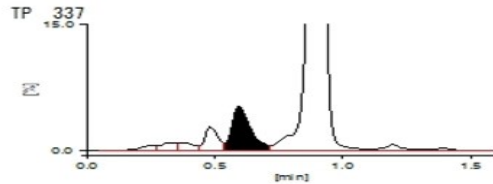
Chromatogram Report

V5.28 1 2024-03-29 15:12:00
 ID EDT240039918
 Sample No. 03290169 SL 0016 - 01
 Patient ID
 Name
 Comment

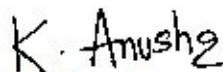
CALIB			
Name	%	Time	Area
A1A	0.4	0.26	7.52
A1B	0.6	0.32	11.61
F	0.6	0.38	11.38
LA1C+	1.5	0.48	30.02
SA1C	5.3	0.59	80.49
AO	93.4	0.89	1842.65
H-V0			
H-V1			
H-V2			

Total Area 1983.67

HbA1c 5.3 % **IFCC 34 mmol/mol**
 HbA1 6.3 % HbF 0.6 %




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Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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SIN No:EDT240039918

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.P SRINIVAS REDDY
Age/Gender : 48 Y 2 M 12 D/M
UHID/MR No : CASR.0000135675
Visit ID : CASROPV223202
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 760171

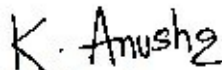
Collected : 29/Mar/2024 07:57AM
Received : 29/Mar/2024 01:56PM
Reported : 29/Mar/2024 03:49PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

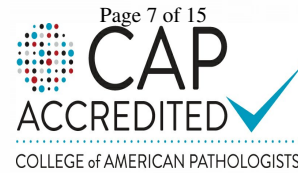
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr. K. Anusha
M.B.B.S., M.D.(Biochemistry)
Consultant Biochemist



SIN No:EDT240039918

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 D/M	Received : 29/Mar/2024 02:15PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 04:10PM
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Emp/Auth/TPA ID : 760171	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHO-POD
TRIGLYCERIDES	141	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.64		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.23		<0.11	Calculated


Comment:

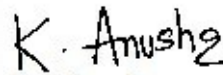
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
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 Consultant Biochemist



Patient Name	: Mr.P SRINIVAS REDDY	Collected	: 29/Mar/2024 07:57AM
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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Maruthi
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 Consultant biochemist

K. Anusha
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Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 DM	Received : 29/Mar/2024 02:15PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

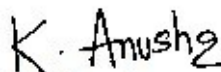
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 D/M	Received : 29/Mar/2024 02:15PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 04:39PM
Visit ID : CASROPV223202	Status : Final Report
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Emp/Auth/TPA ID : 760171	

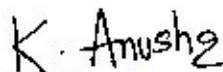
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	11.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.97	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.97	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated



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SIN No:SE04679753

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name	: Mr.P SRINIVAS REDDY	Collected	: 29/Mar/2024 07:57AM
Age/Gender	: 48 Y 2 M 12 D/M	Received	: 29/Mar/2024 02:15PM
UHID/MR No	: CASR.0000135675	Reported	: 29/Mar/2024 04:10PM
Visit ID	: CASROPV223202	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 760171		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<55	IFCC

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Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 D/M	Received : 29/Mar/2024 02:15PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 04:00PM
Visit ID : CASROPV223202	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 760171	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.32	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.041	µIU/mL	0.38-5.33	CLIA

Comment:

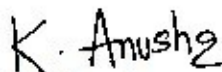
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24058392

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.P SRINIVAS REDDY
Age/Gender : 48 Y 2 M 12 D/M
UHID/MR No : CASR.0000135675
Visit ID : CASROPV223202
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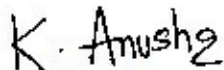
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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SIN No: SPL24058392

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mr.P SRINIVAS REDDY	Collected : 29/Mar/2024 07:57AM
Age/Gender : 48 Y 2 M 12 D/M	Received : 29/Mar/2024 03:09PM
UHID/MR No : CASR.0000135675	Reported : 29/Mar/2024 04:29PM
Visit ID : CASROPV223202	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 760171	

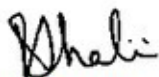
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2319282

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



Patient Name	: Mr. P Srinivas Reddy	Age	: 48 Y/M
UHID	: CASR.0000135675	OP Visit No	: CASROPV223202
Reported By:	: Dr. MRINAL .	Conducted Date	: 01-04-2024 07:26
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 63 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL SINUS RHYTHM.

NON SPECIFIC 'T' WAVE CHANGES.

TO CORRELATE CLINICALLY.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name : Mr. P Srinivas Reddy

Age/Gender : 48 Y/M

UHID/MR No. : CASR.0000135675

OP Visit No : CASROPV223202

Sample Collected on :

Reported on : 30-03-2024 18:13

LRN# : RAD2285486

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 760171

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

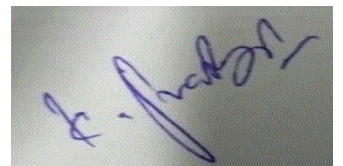
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

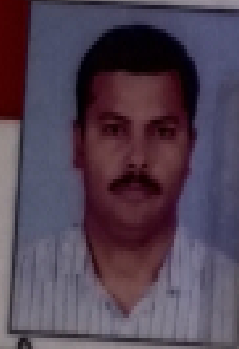
CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

यूनियन बैंक
of India Union Bank
of India



नाम : पर्ने श्रीनवास रेड्डी
Name : Parne Srinivas Reddy

पदनाम : लिपिक
Designation : Clerk

कर्मचारी सं / Employee No. : 760171

जन्म तिथि / Date of Birth : 10.06.1975

रक्त समूह / Blood Group : O + ve

हस्ताक्षर
Signature

ए.एस.ए. अधिकारी

जारी कर्ता प्राधिकारी
Issuing Authority



Health Check up Booking Request(UBOIES4270), Beneficiary Code-171079

1 message

Mediwheel <wellness@mediwheel.in>
To: bunnyparne@gmail.com
Cc: customercare@mediwheel.in

Tue, 12 Mar, 2024 at 2:09 pm



Mediwheel
...Your wellness partner

011-41195959

Dear PARNE SRINIVAS REDDY,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

Appointment Date : 29-03-2024

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
PARNE SRINIVAS REDDY	48 year	Male
P Nalini	41 year	Female

Tests included in this Package

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile